

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 163
Registered No. 36

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 719 Reagan St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert James Russell { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Jan. 20 - 1929
Month Day Year

8. FATHER
Full name John Russell
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Shafter, Texas
(State or country)

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Helen Mannion
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona

16. Color or race Cauc 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Nogales, Arizona
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. { (a) Born alive and now living 3
(b) Born alive but now dead 2
(c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:10 P m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
973-120-845 Registrar
Address Miami, Arizona
Filed Feb 1, 1929 R. E. Brown Registrar

IN CASE OF BIRTH, A SEPARATE RETURN MUST BE MADE IN ORDER OF BIRTH STATED.